FILED JAN 27 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 973

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 80

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

1. PLACE OF DEATH
a. COUNTY Greene
b. CITY OR TOWN Springfield — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Handley Hospital — Length of stay in Hospital 32 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Greene
c. CITY OR TOWN Springfield 390
d. STREET ADDRESS (If outside, give location) Sunshine Acres R.H. — Inside Limits Yes [ ] No [X] — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First: CHARLES Middle: Last: QUEEN

4. DATE OF DEATH Month: Jan. Day: 21, Year: 1958

5. SEX Male

6. COLOR OR RACE White

7. MARRIED [ ] **NEVER MARRIED** [X] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH 1896

9. AGE (In years last birthday) 62 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Unk.

10b. KIND OF BUSINESS OR INDUSTRY Unk.

11. BIRTHPLACE (City and state or country) Evansville, Indiana

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Eli B. Queen

13b. MOTHER'S MAIDEN NAME Nancy Jane Dishman

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. no

17. INFORMANT Sunshine Acres Rest Home Records Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cerebral apoplexy — INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 334X

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Jan 19 1958, to Jan. 21, 1958 and last saw him alive on Jan 21, 1958

Death occurred at 8:30 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Lyman D. Brown M.D. (Degree or title)

22b. ADDRESS 311½ College

22c. DATE SIGNED 1/22/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE Jan. 23, 1958

23c. NAME OF CEMETERY OR CREMATORY Maple Park

23d. LOCATION (City, town, or county) Springfield, (State) Mo.

24. FUNERAL DIRECTOR Ralph Thieme **ADDRESS** Springfield, Mo.

LM

25. DATE RECD. BY LOCAL REG. 1-24-58

26. REGISTRAR'S SIGNATURE Effie G. Melton

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalme

by me, or by ....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed .....

Licensed Embalmer No. 4568

P. O. Address Springfield, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failur to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.